

# Case Management Bridge Crossings

*Bridging the Chasms of Case Management . . . making it a reality*

*Melanie Prince, Capt., USAF, NC*



## CASE MANAGEMENT: SUPPORTING THE READINESS MISSION

*The last two months found the case management community pondering the wonderfully unique challenge of managing care of our service members. At our national meeting In June, military case managers held a lively discussion of special considerations for case managing active duty patients above and beyond clinical or psychosocial issues. July found our community celebrating Independence Day and reaffirming our commitment to ensure our forces are ready to respond abroad....and possibly at home.*

**F**it and healthy – familiar words spoken by service members in all branches of our Armed Forces. Fit and healthy – the ultimate requirement for service to our great country. The Armed Forces depend upon the medical system to promote and sustain a ready force. The MHS strategy is **Force Health Protection**: to maintain readiness by promoting a system of comprehensive quality health services that ensures the active duty service member (ADSM) are fit and healthy, that they are protected from hazards during deployment and that when illness or injury intervenes they are afforded state-of-the-art care (MHS Optimization Plan.) Case management is ideally suited to implement this strategy.

Case Managers are the eyes and ears for the MHS and its myriad of care delivery systems and military requirements. As clinicians, consultants, advisors, problem-solvers, educators, and facilitators, case managers fulfill a role not provided for elsewhere in our health care system. That is, they are the hub at the wheel of information – information critical to managing the care of the ADSM. Case management targets individuals with complex health needs, complicated psychosocial circumstances, and multi specialty care requirements. But for the ADSM, add military requirements to the mix and the case manager suddenly has to acquire more information that is not necessarily health-related or medically-owned. Why is case managing the ADSM unique? Consider this list from military case managers who face this challenge daily.

Medical Boards  
Line of Duty  
Area of Responsibility  
Payments and Claims  
Army Medical Extensions  
War-time Status  
Convalescent Leave

Imminent Death r/t Retirements  
Absent Sick Status/Patient Tracking  
Out of Area Accidents/Trauma  
Temporary Disability Retired Lists  
Military Medical Support Office  
Enrollment Requirements  
Line Commanders/Supervisors

Medical Retirements  
Geographical Separations  
AD Reserve/Guard Units  
TRICARE Prime Remote  
Navy Forces Afloat  
Administrative Actions  
Deployment Issues

Case managers must be familiar with these processes to move the ADSM toward the appropriate goal; which may be different for a non-active duty person with similar clinical circumstances. CMs also support the readiness mission by managing complex care of family members – a secondary strategy for Force Health Protection®

“CMs are a force multiplier. They take care of family members so that the service members is not distracted from mission requirements.

Thomas A. O’Riordan, MajGen,  
AETC/DO Randolph AFB, TX

**MMSO:** The CM Division is a cadre of nurses dedicated to TRICARE Prime Remote ADSMs who average 1,500 care authorization requests weekly. The team identifies fitness for duty issues, facilitates referrals to MTFs for evaluation of continued military service, and review appropriateness of non-MTF specialty care referrals. Reserve and National Guard members are also customers and nurses review requests for civilian care to verify that illness or injury sustained is in the member’s line of duty. At MMSO, CM nurses facilitate military medical readiness. To find out more, visit <http://mmso.med.navy.mil> or call **!- 888-MHS-MMSO Military Medical Support Office**